

Triumphant Learning Center

MEDICATION ADMINISTRATION TO STUDENTS

Request for giving Medicine at School

Name _____ Grade _____ Birth Date _____

Medication _____

Dosage _____ Time _____ AM Time _____ PM

Diagnosis/reason for giving _____

Attach copy of doctor's diagnosis if applicable.

Dates

- For entire school year
- Until further notice
- From _____ to _____

Comments

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given.

An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked.

Parent/Guardian Signature _____

Date _____